



Associateship for Family Health

Fiscal Year 2004

Renewal Application for Services Offered under the
Family and Community Health Services Grants,
FY 2002, Competitive Request for Proposals

Breast & Cervical Cancer Control Program
July 1, 2003 through June 30, 2004

Title V (Fee-for-Service & Population-Based)
Title V Fee-for-Service Family Planning
Title V Genetics (Fee-for-Service & Population-Based)
Titles X & XX (Family Planning Program)
Primary Health Care
September 1, 2003 through August 31, 2004

RENEWAL APPLICATIONS DUE by March 19, 2003

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Project Summary

The Texas Department of Health (TDH) announces the expected availability of fiscal year (FY) 2004 funds through a single renewal application to fund projects for the following areas.

1. **Title V Fee-For-Service.** Title V funds will be awarded to provide services to persons on an individual basis and may include: prenatal care, preventive and primary child care, case management for children from birth to 21 years and pregnant women, and dental care for children and adolescents. **[See COMPONENT II: FUNDING OPPORTUNITY A]**

2. **Title V Population-Based.** Title V funds will be awarded for projects targeted to eliminate racial and ethnic disparities in maternal and child health status populations by building and strengthening the local public health infrastructure. Population-based preventive interventions are provided for an entire maternal and child health population or a segment of that population to promote child development, positive parenting, and to improve the health and well-being of all pregnant women, mothers and infants, and children. **[See COMPONENT II: FUNDING OPPORTUNITY B]**

3. **Title V Fee-For-Service Family Planning.** Title V funds will be awarded to agencies to provide family planning services to persons on an individual basis. **[See COMPONENT II: FUNDING OPPORTUNITY C]**

4. **Title V Genetics (Fee-for-Service and Population-Based).** **[See COMPONENT II: FUNDING OPPORTUNITY D]**

Title V Fee-For-Service Genetic Services. Title V funds will be awarded to provide genetic services to persons on an individual basis.

Title V Population-Based Genetic Services. Title V funds will be awarded to projects that demonstrate community-centered, population-based activities to improve the health of Texans through increased knowledge of genetics and genetic services. Three types of genetic projects will be funded:

A. General Public Education. Funds are available for one project to address knowledge regarding genetics in the general public. There is a significant lack of understanding of genetics and how genetic services may benefit families and caregivers. Project proposal should devise ways to increase parents' and caregivers' knowledge regarding birth defects, genetic risk, significance of family history and when genetic services may be indicated. This educational program should attempt new, innovative, or untried methods and should explain in detail the rationale and likely outcomes. Project proposal should include a self-evaluation component that allows observers to conclude whether or not the project caused or contributed to changes in the genetic knowledge among the general public in the target area.

B. Specific Disease Education. Funds are available for one project to address specific genetic disease knowledge of sickle cell disease in the general population. Project proposal should focus on increasing the understanding of carrier status, carrier detection, risks to offspring of carriers and the symptoms and treatment. This educational program should attempt new, innovative, or untried methods and should explain in detail the rationale and likely outcomes. Project proposal for education should include a self-evaluation component that allows observers to conclude whether or not the project caused or contributed to changes in the specific disease knowledge of sickle cell disease among the general public in the target area.

C. Teratogen Education. Funds are available for one project to provide statewide teratogen information services to all Texans through a 1-800 line. Project proposal should include a detailed implementation plan including the maintenance of the toll free line, staffing, and the criteria to be used to evaluate the effectiveness of the line.

Project Summary (continued)

5. & 6. Titles X and/or XX (Family Planning Program). Titles X and/or XX funds will be awarded to provide comprehensive family planning services to eligible clients. Those services may include: routine histories and physical examinations; client education and counseling; screening for breast, cervical, and testicular cancer; screening and treatment for sexually transmitted diseases; pregnancy testing, counseling, and referral; community health education; treatment and/or referral of medical or genetic problems; basic infertility services; services to adolescents; and client outreach. **[See COMPONENT II: FUNDING OPPORTUNITY E]**

7. Breast & Cervical Cancer Control Program (BCCCP). Federal funds from the Centers for Disease Control and Prevention (CDC) will be awarded to provide breast and cervical cancer control screening and diagnostic services for the priority population, specifically women age 50-64 who are at or below 200 percent of the federal poverty income level. The priority population for cervical cancer screening services is women age 18-64 who have never been screened for cervical cancer or who have not been screened in the previous five years. **[See COMPONENT II: FUNDING OPPORTUNITY F]**

8. Primary Health Care (PHC). General revenue funds will be awarded to provide opportunities to communities to identify, design and implement comprehensive, preventive and primary care services for medically indigent persons. **[See COMPONENT II: FUNDING OPPORTUNITY G]**

This renewal application has been arranged into two (2) components:

COMPONENT I - Information, Content and Required Forms contains standard requirements; TDH administrative information; and **required** content and blank forms. To be considered for funding in any area of Component II, the applicant must complete one set of the required forms contained in COMPONENT I: SECTION IV. REQUIRED BLANK FORMS AND INSTRUCTIONS.

COMPONENT II - Funding Opportunities A-G contains separate funding opportunities for the areas described above. Each Funding Opportunity contains program-specific information and blank forms. Current TDH contractors receiving funds from one or more of the areas above are requested to submit renewal applications for the opportunities currently funded. All applicants are required to complete **SECTION II. RENEWAL APPLICATION CONTENT AND BLANK FORMS** of each Funding Opportunity for which funding is requested.

COMPONENT I - Information, Content and Required Forms

I. INTRODUCTION

This is a renewal application process open to TDH contractors currently receiving funds under the Family and Community Health Services Grants, FY 2002, Competitive Request for Proposals. Eligible applicants must be current providers who have a fiscal year 2003 renewal contract for the provision of services in one or more of the areas listed above. TDH reserves the right to negotiate any terms and conditions including budget amounts and allocations. Any contract renewal is contingent upon the continued availability of funding to TDH.

For current providers of family planning services under Title V, X and/or XX, please note the following:

The Texas Health and Human Services Commission will submit a request for a women's preventive health waiver to the Centers for Medicare and Medicaid Services (CMS) for expansion of Medicaid-funded family planning services and treatment of certain conditions in FY 2004. The approval and implementation of this waiver will significantly expand the eligible population for Medicaid family planning services for women 18-44 up to 185 percent of the federal poverty level. In addition, this will have an impact on current Texas Department of Health (TDH) family planning providers as many more women will be eligible for Medicaid-funded family planning. Applicants for TDH family planning funding are advised that awards under Titles V, X and XX for family planning in FY 2004 are pending availability of funds and approval of the Medicaid women's preventive health waiver. These family planning funds may be redirected by TDH to geographic areas and contractors serving women who will not otherwise have access to Medicaid-funded family planning services.

A. Project and Budget Periods

This renewal application is for the third-year budget period within a three-year project period. With the exception of the Breast and Cervical Cancer Control Program (BCCCP) contracts, renewal contracts will begin on or about September 1, 2003 and will be for a 12-month budget period. BCCCP contracts will begin on or about July 1, 2003 and will be for a 12-month budget period.

B. Schedule of Events

1. Post to the Electronic State Business Daily	02/17/03
2. Issuance of renewal application	02/17/03
3. Deadline for Submitting Questions	03/07/03
4. Deadline for Submission of Renewal Applications	03/19/03
5. Expected Contract Begin Date (BCCCP)	07/01/03
6. Expected Contract Begin Date (all other funding opportunities)	09/01/03

C. Service Delivery Integration Notice

In response to HB 2085, passed by the 76th Legislature and codified as Health and Safety Code §12.0115, TDH proposes to implement a phased rollout of the successful elements of Service Delivery Integration (SDI) during FY04, contingent upon the completion of the integrated automated system necessary to support the SDI Business Operating System.

Applicants submitting a response to this RFP and selected to receive a renewal contract agree to implement the SDI Business Operating System when it becomes operational during FY04 and to utilize TDH's integrated automation system for screening, eligibility, billing and reporting.

This transition will require a contract amendment to implement the SDI Business Operating System. The contract amendment necessitated by the transition will not result in a reduction to

the contract amounts for in-scope services. Training and technical support for the new system will be supplied by TDH prior to implementation and through out the remaining contract period. If you would like more information about SDI, please contact Carl Clark at (512) 458-7111, ext. 3473.

II. RENEWAL APPLICATION DEADLINE AND SUBMISSION

A. Renewal Application Deadline

The renewal application shall be received on or before the following date and time: **5:00 P.M. Central Standard Time (CST) on March 19, 2003.**

B. Assembly and Submission

1. Assembly.

To facilitate review and processing, each application should meet the following stylistic requirements:

- A Table of Contents
- All pages clearly and consecutively numbered
- Original and **2** copies unbound
- Typed (computer or typewriter)
- Single-spaced
- 12-point font on 8 ½" x 11" paper with 1" margins
- Blank forms provided in **COMPONENT I, SECTION IV. REQUIRED BLANK FORMS AND INSTRUCTIONS** and **COMPONENT II - Funding Opportunities: RENEWAL APPLICATION CONTENT AND BLANK FORMS** shall be used (electronic reproduction of the forms is acceptable)
- Signed in ink by an authorized official (copies need not bear an original signature).

2. Submission.

The original renewal application and **two (2)** copies must be received by the application deadline at the Austin headquarters:

Associateship for Family Health
Contract Management Section (M-370)
Texas Department of Health
1100 West 49th Street
Austin, Texas 78756-3199

TDH will not accept renewal applications by facsimile transmission or e-mail. Applications may be mailed or hand-delivered to the TDH address above.

If a renewal application is mailed, it will be considered as meeting the deadline if it is received by the Contract Management Section on or before the due date, regardless of the date of postmark.

If a renewal application is hand-delivered to the TDH address above, be sure to request a receipt at the time of delivery to verify that the application was received by CMS staff on or before the application due date and time.

Communications concerning this renewal application must be addressed in writing, via fax, or by e-mail to:

Associateship for Family Health
Contract Management Section (M-370)
Texas Department of Health
1100 West 49th Street
Austin, Texas 78756-3199
FAX (512) 458-7446

E-mail: contractmgt@tdh.state.tx.us

Additionally, one copy of the entire renewal application must be submitted to the appropriate TDH Regional Director listed in the table below.

Note: If the proposed geographic service area covers more than one TDH region, a copy must be sent to each region to be served.

Applicants **MUST** submit regional copies concurrently to addresses below when submitting to the Austin headquarters.

Please note: Those agencies applying only for Genetics Fee-for-Service or Genetics Population-Based funding do not need to submit a copy of their renewal application to the appropriate TDH Regional Director.

PHR	TDH Regional Director	Mailing Address
1	Nick Curry, M.D., M.P.H., Regional Director	1109 Kemper Lubbock, TX 79403
2/3	James A. Zoretic, M.D., M.P.H., Regional Director	1301 S. Bowen Rd., Suite 200 Arlington, TX 76013
4/5N	Paul K. McGaha, D.O., M.P.H., Regional Director	1517 West Front Street Tyler, TX 75702
6/5S	I. Celine Hanson, M.D., Regional Director	5425 Polk, Suite J Houston, TX 77023
7	James K. Morgan, M.D., M.P.H., Regional Director	2408 South 37 th Street Temple, TX 76504-7468
8	W. S. Riggins, Jr., M.D., M.P.H., Regional Director	7430 Louis Pasteur Drive San Antonio, TX 78229
9/10	Miguel A. Escobedo, M.D., M.P.H., Regional Director	P.O. Box 9428 El Paso, TX 79995
11	Brian Smith, M.D., M.P.H., Regional Director	601 West Sesame Drive Harlingen, TX 78550

III. RENEWAL APPLICATION CONTENT

THE RENEWAL APPLICATION SHOULD INCLUDE A TABLE OF CONTENTS AND BE ORGANIZED AND ARRANGED IN THE FOLLOWING ORDER:

COMPONENT I

- A. Face Page - Renewal Application
- B. Contact Person Information
- C. Administrative Information
- D. Medicaid Provider Status Table

E. Nonprofit Board of Directors and Executive Director Assurances Form

COMPONENT II

Funding Opportunities A-G: Applicants may only apply for renewal funding in the areas where they have a contract in fiscal year 2003. For each of these areas, applicants must complete the required forms for a specific funding opportunity. For example, if the applicant receives Title V Fee-For-Service and Titles X and XX funding under a fiscal year 2004 contract with TDH, the applicant must complete one set of the required COMPONENT I forms and the required forms specified in Funding Opportunities A and E. Each funding opportunity has its own budget forms.

IV. REQUIRED BLANK FORMS AND INSTRUCTIONS



Texas Department of Health

**FORM A: FACE PAGE – Renewal Application as authorized under
Family and Community Health Services Grants, FY 2002,
Competitive Request for Proposals**

This form requests basic information about the applicant and project, including the signature of the authorized representative. The face page is the cover page of the renewal application and shall be completed in its entirety.

APPLICANT INFORMATION																
1) LEGAL NAME:																
2) MAILING Address Information (include mailing address, street, city, county, state and zip code): Check if address change <input type="checkbox"/>																
3) PAYEE Mailing Address (if different from above): Check if address change <input type="checkbox"/>																
4) Federal Tax ID No. (9 digit) or State of Texas Comptroller Vendor ID No. (14 digit):																
5) TYPE OF ENTITY (check all that apply): <table style="width: 100%; border: none;"><tr><td><input type="checkbox"/> City</td><td><input type="checkbox"/> Nonprofit Organization*</td><td><input type="checkbox"/> Individual</td></tr><tr><td><input type="checkbox"/> County</td><td><input type="checkbox"/> For Profit Organization*</td><td><input type="checkbox"/> State Controlled Institution of Higher Learning</td></tr><tr><td><input type="checkbox"/> Other Political Subdivision</td><td><input type="checkbox"/> HUB Certified</td><td><input type="checkbox"/> Hospital</td></tr><tr><td><input type="checkbox"/> State Agency</td><td><input type="checkbox"/> Community-Based Organization</td><td><input type="checkbox"/> Private</td></tr><tr><td><input type="checkbox"/> Indian Tribe</td><td><input type="checkbox"/> Minority Organization</td><td><input type="checkbox"/> Other (specify): _____</td></tr></table> <p><i>*If incorporated, provide 10-digit charter number assigned by Secretary of State:</i></p>		<input type="checkbox"/> City	<input type="checkbox"/> Nonprofit Organization*	<input type="checkbox"/> Individual	<input type="checkbox"/> County	<input type="checkbox"/> For Profit Organization*	<input type="checkbox"/> State Controlled Institution of Higher Learning	<input type="checkbox"/> Other Political Subdivision	<input type="checkbox"/> HUB Certified	<input type="checkbox"/> Hospital	<input type="checkbox"/> State Agency	<input type="checkbox"/> Community-Based Organization	<input type="checkbox"/> Private	<input type="checkbox"/> Indian Tribe	<input type="checkbox"/> Minority Organization	<input type="checkbox"/> Other (specify): _____
<input type="checkbox"/> City	<input type="checkbox"/> Nonprofit Organization*	<input type="checkbox"/> Individual														
<input type="checkbox"/> County	<input type="checkbox"/> For Profit Organization*	<input type="checkbox"/> State Controlled Institution of Higher Learning														
<input type="checkbox"/> Other Political Subdivision	<input type="checkbox"/> HUB Certified	<input type="checkbox"/> Hospital														
<input type="checkbox"/> State Agency	<input type="checkbox"/> Community-Based Organization	<input type="checkbox"/> Private														
<input type="checkbox"/> Indian Tribe	<input type="checkbox"/> Minority Organization	<input type="checkbox"/> Other (specify): _____														
6) Currently operating under a HUB Subcontracting plan on file at TDH? Yes <input type="checkbox"/> No <input type="checkbox"/>																
7) PROPOSED BUDGET PERIOD: Start Date: _____ End Date: _____																
8) COUNTIES SERVED BY PROJECT:																
9) TOTAL AMOUNT OF FUNDING REQUESTED: \$ _____	11) FUNDING REQUESTED BY PROGRAM AREA: <table style="width: 100%; border: none;"><tr><td>Title V FFS: \$</td><td>Title X: \$</td><td>BCCCP: \$</td></tr><tr><td>Title V Pop: \$</td><td>Title \$</td><td>Gen. FFS: \$</td></tr><tr><td>Title V FFS- \$</td><td>XX: \$</td><td>Gen. Pop: \$</td></tr><tr><td>FP: \$</td><td>PHC: \$</td><td></td></tr></table>	Title V FFS: \$	Title X: \$	BCCCP: \$	Title V Pop: \$	Title \$	Gen. FFS: \$	Title V FFS- \$	XX: \$	Gen. Pop: \$	FP: \$	PHC: \$				
Title V FFS: \$	Title X: \$	BCCCP: \$														
Title V Pop: \$	Title \$	Gen. FFS: \$														
Title V FFS- \$	XX: \$	Gen. Pop: \$														
FP: \$	PHC: \$															
10) PROJECTED EXPENDITURES Does applicant's projected state or federal expenditures exceed \$300,000 for applicant's current fiscal year (excluding amount requested in line 8 above)? ** Yes <input type="checkbox"/> No <input type="checkbox"/> <i>**Projected expenditures should include funding for all activities including "pass through" federal funds from all state agencies and non project-related TDH funds.</i>	12) FINANCIAL OFFICER Name: _____ Phone: _____ Fax: _____ E-mail: _____															
<p>I, the undersigned, am the authorized representative of the applicant filing this contract renewal application. The facts contained herein are true, and the applicant is in compliance with the assurances and certifications contained in the competitive RFP identified above, which is part of the original contract and any prior renewals and amendments. I understand that this contract renewal depends on the truthfulness of this document and on the applicant's continued compliance with the original contract and all its components and</p>																

13) AUTHORIZED REPRESENTATIVE Name: Phone: Fax: E-mail:	14) SIGNATURE OF AUTHORIZED REPRESENTATIVE
	15) DATE

FORM A: FACE PAGE Instructions

This form provides basic information about the applicant and the proposed project with the Texas Department of Health (TDH), including the signature of the authorized representative. It is the cover page of the renewal application and required to be completed. Signature affirms that the facts contained in the applicant's response are truthful and that the applicant is in compliance with the assurances and certifications contained in the identified Competitive Request for Proposal and the original TDH contract, any renewal(s) or amendment(s). Applicant acknowledges that continued compliance is a condition for the renewal of a contract. Please follow the instructions below to complete the face page form and return with the applicant's response.

- 1) **LEGAL NAME** - Enter the legal name of the applicant.
- 2) **MAILING ADDRESS INFORMATION** - Enter the applicant's complete street and mailing address, city, county, state, and zip code.
- 3) **PAYEE MAILING ADDRESS** - Enter the PAYEE's name and mailing address if PAYEE is different from the applicant. The PAYEE is the corporation, entity or vendor who will be receiving payments.
- 4) **FEDERAL TAX ID/STATE OF TEXAS COMPTROLLER VENDOR ID** - Enter the Federal Tax Identification Number (9-digit) or the Vendor Identification Number assigned by the Texas State Comptroller (14-digit).
- 5) **TYPE OF ENTITY** - The type of entity is defined by the Secretary of State and/or the Texas State Comptroller. Check all appropriate boxes that apply.

HUB is defined as a corporation, sole proprietorship, or joint venture formed for the purpose of making a profit in which at least 51% of all classes of the shares of stock or other equitable securities are owned by one or more persons who have been historically underutilized (economically disadvantaged) because of their identification as members of certain groups: Black American, Hispanic American, Asian Pacific American, Native American, and Women. The HUB must be certified by the General Services Commission or another entity.

MINORITY ORGANIZATION is defined as an organization in which the Board of Directors is made up of 50% racial or ethnic minority members.

If a Non-Profit Corporation or For-Profit Corporation, provide the 10-digit charter number assigned by the Secretary of State.

- 6) **CURRENTLY OPERATING UNDER A HUB SUBCONTRACTING PLAN ON FILE AT TDH? YES OR NO** - Check the appropriate box to indicate whether or not the applicant is operating under a HUB Subcontracting Plan filed with TDH under the original competitive RFP. If yes, the applicant must continue to comply with reporting requirements if a renewal contract is executed. Any changes to the budget which affect the HUB Subcontracting Plan must be communicated with the TDH HUB Coordinator at 1-800-243-7487 or by e-mail at al.beavers@tdh.state.tx.us. If no is checked, no further action is required.
- 7) **PROPOSED BUDGET PERIOD** - Enter budget period as identified in this renewal application.
- 8) **COUNTIES SERVED BY PROJECT** - Enter the proposed counties served by the project.
- 9) **TOTAL AMOUNT OF FUNDING REQUESTED** - Enter the total amount of funding requested from TDH for proposed project activities.
- 10) **PROJECTED EXPENDITURES** - If applicant's projected state or federal expenditures exceed \$300,000 for applicant's current fiscal year, applicant shall arrange for a financial and compliance audit (Single Audit).
- 11) **FUNDING REQUESTED BY PROGRAM AREA** - Enter the amount of funding requested for each program area included in the application.
- 12) **FINANCIAL OFFICER** - Enter the name, phone (including extension number), fax, and e-mail address of the person responsible for the financial aspects of the proposed project.

FORM A: FACE PAGE Instructions continued

- 13) **AUTHORIZED REPRESENTATIVE** - Enter the name, phone (including extension number), fax, and e-mail address of the person authorized to represent the applicant.
- 14) **SIGNATURE OF AUTHORIZED REPRESENTATIVE** - The person authorized to represent the applicant signs in this blank.
- 15) **DATE** - Enter the date the person authorized to represent the applicant signed this form.

FORM B: CONTACT PERSON INFORMATION

Legal Name of Applicant: _____

The purpose of this form is to provide information to TDH about the appropriate contact person in the applicant's organization. Please type in complete information about each person authorized to perform the following responsibilities. Extension numbers must be included with phone numbers. If any of the following information changes during the term of the contract, please notify the Vendor Coordinator, Procurement and Contracting Services Division, TDH.

PROGRAM CONTACT INFORMATION

FUNDING OPPORTUNITY A – TITLE V FEE-FOR-SERVICE

MCH Director Title: _____ Phone _____ Ext. _____ Fax: _____ E- _____	Mailing Address (incl. street, city, county, state, zip): _____ _____ _____
Accountant Phone _____ Ext. _____ Fax: _____ E- _____	Mailing Address (if different from above): _____ _____ _____

Quality Assurance Title: _____ Phone _____ Ext. _____ Fax: _____ E- _____	Mailing Address (incl. street, city, county, state, zip): _____ _____ _____
Primary Contact for Phone _____ Ext. _____ Fax: _____ E- _____	Mailing Address (if different from above): _____ _____ _____

Counties to be Served:

Do you have on-site pharmacies in your clinics? ☐ Yes ☐ No
If yes, check one: ☐ Class A ☐ Class D ☐ Both

FORM B: CONTACT PERSON INFORMATION (continued)

Legal Name of Applicant: _____

FUNDING OPPORTUNITY B – TITLE V POPULATION-BASED

MCH Director Title: _____ Phone _____ Ext. _____ Fax: _____ E- _____	Mailing Address (incl. street, city, county, state, zip): _____ _____ _____
Accountant Phone _____ Ext. _____ Fax: _____ E- _____	Mailing Address (if different from above): _____ _____ _____

Quality Assurance Title: _____ Phone _____ Ext. _____ Fax: _____ E- _____	Mailing Address (incl. street, city, county, state, zip): _____ _____ _____
Primary Contact for Phone _____ Ext. _____ Fax: _____ E- _____	Mailing Address (if different from above): _____ _____ _____

Counties to be Served: _____ _____ _____

FUNDING OPPORTUNITY C – TITLE V FEE-FOR-SERVICE FAMILY PLANNING

MCH Director Title: _____ Phone _____ Ext. _____ Fax: _____ E- _____	Mailing Address (incl. street, city, county, state, zip): _____ _____ _____
Accountant Phone _____ Ext. _____ Fax: _____ E- _____	Mailing Address (if different from above): _____ _____ _____

FORM B: CONTACT PERSON INFORMATION (continued)

Legal Name of Applicant: _____

FUNDING OPPORTUNITY C (cont.)

Quality Assurance Title: _____ Phone _____ Ext. _____ Fax: _____ E- _____ Primary Contact for Phone _____ Ext. _____ Fax: _____ E- _____	Mailing Address (incl. street, city, county, state, zip): _____ _____ _____ Mailing Address (if different from above): _____ _____ _____
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Counties to be Served:

Do you have on-site pharmacies in your clinics? ☐ Yes ☐ No
If yes, check one: ☐ Class A ☐ Class D ☐ Both

FUNDING OPPORTUNITY D-1 – TITLE V GENETICS FEE-FOR-SERVICE

Genetics Contact Title: _____ Phone _____ Ext. _____ Fax: _____ E- _____ Accountant Phone _____ Ext. _____ Fax: _____ E- _____	Mailing Address (incl. street, city, county, state, zip): _____ _____ _____ Mailing Address (if different from above): _____ _____ _____
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Counties to be Served:

FORM B: CONTACT PERSON INFORMATION (continued)

Legal Name of Applicant: _____

FUNDING OPPORTUNITY D-2 – TITLE V GENETICS POPULATION-BASED

Genetics Contact _____	Mailing Address (incl. street, city, county, state, zip) _____
Title: _____	_____
Phone: _____ Ext. _____	_____
Fax: _____	_____
E-mail: _____	_____
Accountant _____	Mailing Address (if different from above): _____
Phone: _____ Ext. _____	_____
Fax: _____	_____
E-mail: _____	_____

Counties to be Served: _____

FUNDING OPPORTUNITY E – TITLE X AND/OR XX (FAMILY PLANNING PROGRAM)

Executive _____	Mailing Address (incl. street, city, county, state, zip) _____
Title: _____	_____
Phone: _____ Ext. _____	_____
Fax: _____	_____
E-mail: _____	_____
Program _____	Mailing Address (if different from above): _____
Phone: _____ Ext. _____	_____
Fax: _____	_____
E-mail: _____	_____

Medical _____	Mailing Address (incl. street, city, county, state, zip) _____
Title: _____	_____
Phone: _____ Ext. _____	_____
Fax: _____	_____
E-mail: _____	_____
Accountant _____	Mailing Address (if different from above): _____
Phone: _____ Ext. _____	_____
Fax: _____	_____
E-mail: _____	_____

Staff Development Activities Contact: _____	Mailing Address (incl. street, city, county, state, zip) _____
Phone: _____ Ext. _____	_____
Fax: _____	_____
E-mail: _____	_____

FORM B: CONTACT PERSON INFORMATION continued

Legal Name of Applicant: _____

FUNDING OPPORTUNITY E (cont.)

Education Activities		Mailing Address (incl. street, city, county, state, zip code)
Phone:	Ext.	
Fax:		
E-mail:		

FUNDING OPPORTUNITY F – BREAST & CERVICAL CANCER CONTROL PROGRAM

BCCCP		Mailing Address (incl. street, city, county, state, zip code)
Title:		
Phone	Ext.	
Fax:		
E-		
Accountant		Mailing Address (if different from above):
Phone	Ext.	
Fax:		
E-		

FUNDING OPPORTUNITY G – PRIMARY HEALTH CARE

PHC Contact:		Mailing Address (incl. street, city, county, state, zip code)
Title:		
Phone	Ext.	
Fax:		
E-		
Accountant		Mailing Address (if different from above):
Phone	Ext.	
Fax:		
E-		

FORM C: ADMINISTRATIVE INFORMATION - Renewal Application

This form provides information regarding identification and contract history on the applicant, executive management, project management, governing board members, and/or principal officers. Respond to each request for information or provide the required supplemental document behind this form. If responses require multiple pages, identify the supporting pages/documentation with the applicable request.

Legal Name of Applicant: _____

Identifying Information

If there are no changes to any of the items below, check here and skip to the next section of this form. ☐

1. The applicant shall attach the following information:

If a Governmental Entity

- Names (last, first, middle) and addresses for the officials who are authorized to enter into a contract on behalf of the applicant.

If a Nonprofit or For profit Corporation

- Full names (last, first, middle), addresses, telephone numbers, titles and occupation of members of the Board of Directors or any other principal officers. Indicate what offices are held by members (e.g. chairperson, president, vice-president, treasurer, etc.).
- Full names (last, first, middle), and addresses for each partner, officer, and director as well as the full names and addresses for each person who owns five percent (5%) or more of the stock if applicant is a for profit corporation.

Conflict of Interest and Contract History

If there are no changes to any of the items below, check here and skip the questions in this section. ☐

The applicant shall disclose any existing or potential conflict of interest relative to the performance of the requirements of this renewal application. Examples of potential conflicts may include an existing business or personal relationship between the applicant, its principal, or any affiliate or subcontractor, with TDH, the participating agencies, or any other entity or person involved in any way in any project that is the subject of this renewal application. Similarly, any personal or business relationship between the applicant, the principals, or any affiliate or subcontractor, with any employee of TDH, a participating agency, or their respective suppliers, must be disclosed. Any such relationship that might be perceived or represented as a conflict shall be disclosed. Failure to disclose any such relationship may be cause for contract termination or disqualification of the proposal. If, following a review of this information, it is determined by TDH that a conflict of interest exists, the applicant may be disqualified from further consideration for the award of a contract.

1. Does anyone in the applicant organization have an existing or potential conflict of interest relative to the performance of the requirements of this renewal application?

☐ YES ☐ NO

If YES, detail any such relationship(s) that might be perceived or represented as a conflict. (Attach no more than one additional page.)

2. Has any member of applicant's executive management, project management, governing board or principal officers been employed by the State of Texas 24 months prior to the application due date?

☐ YES ☐ NO

If YES, indicate his/her name, social security number, job title, agency employed by, separation date, and reason for separation.

FORM C: ADMINISTRATIVE INFORMATION continued

3. Is applicant or any member of applicant's executive management, project management, board members or principal officers:

- delinquent on any state, federal or other debt;
- affiliated with an organization which is delinquent on any state, federal or other debt; or
- in default on an agreed repayment schedule with any funding organization?

☐ **YES** ☐ **NO**

If YES, please explain. (Attach no more than one additional page.)

FORM D: MEDICAID PROVIDER STATUS TABLE

To be completed if any changes have occurred since submission of the FY 2003 RFP

Must be completed only if applicant is requesting support for Title V (Fee-For-Service), Title X, and/or Title XX. Applicant must provide a list of current Medicaid Texas Provider Identifier (TPI) numbers, by programs, which are used to bill for services along with the billing start date. TPIs are nine-digit numbers containing a seven-digit base number with a two-digit suffix.

Legal Name of Applicant: _____

Service Array	Medicaid TPI	Billing Start Date
Prenatal Care		
Texas HealthSteps Medical (formerly known as EPSDT)		
Primary Child Health Care		
Family Planning		
Case Management for High Risk Pregnant Women and Infants (PWI)		
Dysplasia		
Texas Health Steps Dental (formerly known as EPSDT)		
Genetic Services		

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FORM E: NONPROFIT BOARD OF DIRECTORS AND EXECUTIVE DIRECTOR ASSURANCES

If the applicant is a nonprofit organization, this form must be completed (state or other governmental agencies are not required to complete this form). The purpose of the form is to inform nonprofit board members and officers of the responsibilities and administrative oversight requirements of nonprofit applicants intending to or contracting with TDH.

(Name & Address Of Organization)

The persons signing on behalf of the above named organization certify that they are duly authorized to sign this Assurances form on behalf of the organization. The undersigned acknowledge and affirm:

- A. That an annual budget has been approved for each contract with TDH.
- B. The Board of Directors convenes on a regularly scheduled basis (no less than quarterly) to discuss the operations of the organization.
- C. Actual revenue and expenses are compared with the approved budget, variances are noted, and corrective action taken as needed (with Board approval).
- D. Timely and accurate financial statements are presented by the designated financial officer on a regular basis to the board.
- E. That the Board of Directors will ensure that any required financial reports and forms, whether federal or state, are filed on a current and timely basis.
- F. Adequate internal controls are in place to ensure fiscal integrity and accountability and to safeguard assets.
- G. The Treasurer of the Board has been fully informed of his or her responsibilities as Treasurer.
- H. The Board has Audit and/or Finance Committees that convene regularly and communicate effectively with the Board Treasurer and other Board members in understanding and responding to financial developments.
- I. The organization observes Generally Accepted Accounting Principles when preparing financial statements and fund accounting practices are observed to ensure integrity among specific contracts or grants.
- J. If a contract is executed with the Texas Department of Health, this form will be discussed in detail at the next official Board meeting and that notes of the discussion and a signed copy of this form will be included in the minutes of the meeting. A copy of the minutes will be forwarded to the Texas Department of Health's Contract Policy and Monitoring Division, no later than 45 days after the meeting in which the form was discussed.
- K. If a contract is executed with the Texas Department of Health and the nonprofit organization has not received any funding from TDH for the past 24 months, the Legal and Fiscal Responsibilities for Nonprofit Board of Directors Video and Guide will be viewed and a signed "tear-out" sheet will be completed and filed by each board member with the nonprofit organization no later than 45 days after contract execution. Newly appointed/elected board members will comply with these requirements no more than 45 days after taking office. All tear-out sheets will be available for inspection by TDH staff.

*Chairman of the Board Signature/Date

*President or Executive Director Signature/Date

*If the signed original of this form has been provided to the Texas Department of Health during the calendar year and the officers signing the document have not changed, a copy of the signed form will be accepted.

APPENDIX A: BUDGET SUMMARY Instructions

An accurate budget plan is essential to achieve the performance measures and work plan set out in the narrative portion of the application. All applicants shall complete the budget summary form. Be sure to refer to the appropriate sections in the RFP for program-specific allowable and unallowable costs.

This form shall reflect funding from all sources that support the project described in this attachment. See "Detailed Budget Category Forms, Instructions" for definitions of cost categories. For purposes of this form, the column headings have the following meanings:

- Column 1: The amount of funds requested from the Texas Department of Health (TDH) for this project.
Column 2: Federal funds awarded directly to applicant.
Column 3: Funds awarded to applicant from other State of Texas governmental agencies.
Column 4: Funds awarded to applicant by local governmental agencies (city, county, local health department, etc.).
Column 5: Funds from other sources not previously addressed in columns 1-4 (third party reimbursements, private foundations, donations, fund-raising).
Column 6: The sum of columns 1-5.

PROGRAM INCOME

Program Income: Projected Earnings. Applicant shall estimate the amount of program income that is expected to be generated during the budget period.

DEFINITION: Program income is the income resulting from fees or charges made by a contractor in connection with activities supported in whole or in part by a federal/state contract. Program income earned as a result of an effort which is jointly funded by TDH and the contractor is to be shared by TDH and the contractor. A program income allocation plan is the means by which TDH's share is determined. The required formula for a plan is as follows:

TDH's Share of Funding/(TDH's Share of Funding + Contractors Share of Funding) x Total Program Income Collected = TDH's Share of Program Income

Contractor shall disburse program income rebates, refunds, contract settlements, audit recoveries and interest earned on such funds before requesting cash payments including advance payments from TDH.

For more information about program income, refer to the Program Income Article in the General Provisions for TDH Grants Contracts and/or request a copy of TDH's Financial Administrative Procedures Manual on the Internet at www.tdh.state.tx.us/grants/form_doc.htm.

INSTRUCTIONS:

Projected Earnings. Applicant must enter on the BUDGET SUMMARY form the estimated amount of program income that is expected to be generated during the budget period.

Examples Of Program Income

- *fees received for personal services performed in connection with and during the period of contract support;*
- *tuition and fees when the course of instruction is developed, sponsored, and supported by the applicable contract from state or federal sources;*
- *sale of services such as laboratory tests or computer time;*
- *payments received from patients or third parties for medical or hospital service, such as Title XIX or Title XX reimbursements, insurance payments, or patient fees. These payments may be made under either a cost reimbursement or a fixed price agreement;*
- *lease or rental of films or video tapes; and*
- *rights or royalty payments resulting from patents or copyrights developed or acquired by the contractor.*

APPENDIX B: DETAILED BUDGET CATEGORY FORMS

Allowable/Unallowable Costs

Requirements for Categorical Budgets

The application shall include a detailed breakdown of budget cost categories and a narrative justification. Details of each cost category shall be expressed using the budget category detail forms which follow. Definitions of the cost categories and instructions and examples of how to itemize the contents of each cost category are included after the budget category detail forms. Computer generated facsimiles may be substituted for any of the forms; however, the exact wording and format must be maintained.

General Information

Additional information on basic accounting and financial management systems requirements is available in TDH's Financial Administrative Procedures Manual. Copies of the manual are available on the Internet at www.tdh.state.tx.us/grants/form_doc.htm.

Only those costs allowable under UGMS and any revisions thereto plus any applicable federal cost principles are eligible for reimbursement under this contract. Applicable cost principles, audit requirements, and administrative requirements are as follows:

Applicable Cost Principles	Audit Requirements	Administrative Requirements
OMB Circular A-87, State & Local Governments	OMB Circular A-133	UGMS
OMB Circular A-21, Educational Institutions	OMB Circular A-133	OMB Circular A-110
OMB Circular A-122, Non Profit Organizations	OMB Circular A-133 and UGMS	UGMS
48 CFR Part 31, For Profit Organization and other than a hospital and an organization named in OMB Circular A-122 as not subject to that circular	Program audit conducted by an independent certified public accountant must be in accordance with Governmental Auditing Standards.	

A. Allowable and Unallowable Costs

Below is a brief listing of allowable and unallowable costs as prescribed by federal cost principles or TDH policy. Applicable federal cost principles provide additional information and guidance on allowable and unallowable costs.

An **allowable cost**, in accordance with federal cost principles, meets the following criteria:

1. It is necessary and reasonable for proper and efficient administration of the funded program;
2. It can be allocated to the funded program and is not a general expense needed to carry out the contractor's general responsibilities;
3. It is authorized or is not prohibited under applicable laws or regulations;
4. It conforms to applicable limitations or exclusions;
5. It is consistent with applicable policies and procedures;
6. It is treated consistently through the application of generally accepted accounting principles appropriate to the circumstances;
7. It is not allocated or included as a cost of any other program; and
8. It is the net sum of all applicable credits.

Unallowable costs, i.e., costs that may not be paid with TDH funds include, but are not limited to:

1. Advertising and public relations costs other than those specifically allowed by terms of the contract attachment or those incurred for the purpose of personnel recruitment, solicitation of bids and disposal of surplus materials;
2. Bad debts;
3. Construction is not allowed without the prior written approval of TDH;
4. Contingency reserve funds;
5. Contributions and donations;

APPENDIX B: DETAILED BUDGET CATEGORY FORMS

Allowable/Unallowable Costs continued

6. Entertainment costs including amusement/social activities and their related costs (meals, beverages, lodgings, rentals, transportation, and gratuities) are not allowed unless the costs are directly related to the program's purpose and TDH has reviewed and issued prior written approval of the service delivery plan components that relate to entertainment costs;
7. Fines, penalties, late payment fees, bank overdraft charges;
8. Fundraising;
9. Interest (unless specifically authorized by applicable cost principles or authorized by federal or state legislation);
10. Lobbying.

B. Direct Costs

Direct costs are those that can be specifically identified with a particular award, project, service, scope of work or other direct objective of an organization. These costs may be charged directly to the TDH contract attachment (if applicant is awarded a contract). These costs may also be charged to cost objectives used to accumulate all costs pending distribution to specific contracts and other purposes. Direct cost categories include: personnel, fringe benefits, travel, equipment, supplies, contractual, and other.

C. Indirect Costs

Indirect costs are those that have been incurred for common or joint objectives and cannot be readily identified with a particular final cost objective. The amount of indirect costs that may be charged to any resulting TDH contract attachment is determined by negotiation and will be defined in the contract budget attachment.

D. Audit Requirements

If required by OMB Circular A-133 and/or UGMS, applicant or applicant's authorized contracting entity shall arrange for a financial and compliance audit (Single Audit). Applicant may include in the budget request an amount for TDH's proportionate share of costs. The audit must be conducted by an independent CPA and must be in accordance with applicable OMB Circulars, Government Auditing Standards, and UGMS. Audit services shall be procured in compliance with state procurement procedures, as well as the provisions of UGMS.

APPENDIX B: DETAILED BUDGET CATEGORY FORMS

Definition of Cost Categories, Instructions

A. PERSONNEL

DEFINITION: Actual salaries and wages for all staff positions in the proposed project that will provide direct care and administrative services (including clerical) to the project.

INSTRUCTIONS: Enter the following information for each position on the PERSONNEL Budget Category Detail Form: part and topic numbers (i.e., 2.1), functional title, whether the position is existing or proposed, % of time dedicated to the project, any certification or license an individual must possess to be qualified for the position, the total annual salary, the amount of TDH funds requested for this position's salary (% of time dedicated to the project multiplied by the annual salary), whether the position is vacant or filled, and the justification for the position. Justification may include a brief description of the position's primary responsibilities and an explanation for the % of time dedicated to the project, why the position classification is appropriate (including license/certification requirements), and an explanation of reasonableness of the annual salary.

B. FRINGE BENEFITS

DEFINITION: Fringe benefits paid by the applicant on behalf of its employees. This includes employer contributions for social security, retirement, health and accident insurance, and workers' compensation insurance. Fringe benefits requested should represent actual benefits paid for employees.

INSTRUCTIONS: Itemize the elements of fringe benefits and indicate the % rate on the PERSONNEL Budget Category Detail Form.

C. TRAVEL

DEFINITION: The costs of transportation, lodging, meals and related expenses incurred by the applicant's staff while traveling to perform duties required by the proposed project are classified as travel. This includes personal auto mileage for travel by employees. Costs related to client transportation and registration fees should be classified as "Other", not "Travel."

INSTRUCTIONS: The TRAVEL Budget Category Detail Form requires information on local travel costs (travel and per diem) and information on conferences/workshops for which TDH funding is being requested. For local travel, enter the part and topic numbers (i.e., 2.1), reimbursement rate for automobile mileage and the estimated number of miles to be traveled for the budget period. To calculate the total estimated local travel costs, multiply the local reimbursement rate per mile by the total estimated number of automobile miles. Enter the estimated per diem costs which may be associated with local travel and show the basis for cost (15 partial days x \$7 per partial day = \$105). The justification should include who or what position classification(s) will be traveling and why local travel is necessary to accomplish the project. For conferences/workshops, the following must be included for all attending for whom TDH funds are being requested: the name and/or description of the conference/workshop, the location (city), the number of persons attending, estimated travel, per diem, other related travel costs (excluding registration fees) and total costs for all attending. The justification should include how attendance at the conference/workshop will directly benefit the project and why it is necessary to accomplish the project.

All contracts with the Texas Department of Health require that a written travel policy be maintained by the contracting entity. Attach a copy of the travel policy as an appendix to the proposal. If a written travel policy is not in place, TDH's travel policy will be used.

APPENDIX B: DETAILED BUDGET CATEGORY FORMS

Definition of Cost Categories, Instructions continued

D. EQUIPMENT

DEFINITION: Equipment is defined by TDH as non-expendable personal property with a unit cost of more than \$1,000.00 and a useful life of more than one year, with the following exceptions: fax machines, stereo systems, cameras, video recorders/players, microcomputers, printers, software, medical and laboratory equipment. Medical and laboratory equipment in this category is defined as microscopes, oscilloscopes, centrifuges, balances, and incubators. Medical and laboratory equipment not included in these five categories are not considered a capital asset unless the unit value is over \$1,000.00.

The exception items listed will still be inventoried if their unit cost plus any items used with or attached to the unit is \$500.00 or greater. For items with component parts (i.e., computers), the aggregate cost must be considered when applying the \$500/\$1,000 threshold.

INSTRUCTIONS: Enter the following information on the EQUIPMENT Budget Category Detail Form for each type of equipment item: part and topic numbers (i.e., 2.1), description of each item, the cost per unit, the number of units to be purchased, the total amount for the line item (multiply the cost per unit by the number of units), state the purpose for the item(s) and why the equipment is necessary and how the applicant determined or will determine that the cost is reasonable. **Attach a complete specification or a copy of the purchase order.**

EXAMPLES OF EQUIPMENT DESCRIPTIONS

Remember: Equipment is priced **per unit** including freight. If you intend to purchase 10 modems @ \$95 each, this would be considered a supply item not an equipment item.

INCORRECT EXAMPLES

Computer-166 Mh Pentium

1 @ \$2,150

(insufficient description/specification)

1 @ \$250 Laser Jet Printer

(This item would be moved to supplies as it is less than \$500.00).

CORRECT EXAMPLES

Packard Bell Multimedia C-110, Hard Drive 1081.7

MB; 14.4 AMSP modem fax; .44 MB 3.5" diskette drive, CD ROM 4X CDR-173; Mouse, Color monitor; Keyboard, Windows '98 pre-installed. 1 @ \$2,150

24" Zenith Portable TV/VCR Combination;

Model #Z12345

1 @ \$750

E. SUPPLIES

DEFINITION: Costs for materials and supplies necessary to carry out the program. This includes medical supplies, drugs, janitorial supplies, office supplies, patient educational supplies, software less than \$500, plus any equipment with a purchase price including freight not to exceed \$1,000 per item, except those listed in the "equipment" category.

INSTRUCTIONS: Enter the following information in the SUPPLIES Budget Category Detail Form for each general category or type of supplies: part and topic numbers (i.e., 2.1), description of the items, the cost per unit, the number of units to be purchased, the total amount for the line item (multiply the cost per unit by the number of units), and state the purpose for the item(s), why the supplies are necessary and how the applicant determined or will determine that the cost is reasonable.

APPENDIX B: DETAILED BUDGET CATEGORY FORMS

Definition of Cost Categories, Instructions continued

F. CONTRACTUAL

DEFINITION: The contractual section includes only costs incurred for health or health-related services rendered directly to the applicant's clients by a third party. Examples of the services that may be included in this category are: counseling, education, nursing, lab fees, physician's fees, radiology, pharmacy, therapy, etc. Travel by these individuals should be included in this category if they are delivering client services. Contracts for administrative services are not included in this category; they are properly classified in the Other category.

If the applicant enters into grant contracts with subrecipients or procurement contracts with vendors, the documents will be in writing and will comply with the requirements specified in the Contracts with Subrecipients and Contracts for Procurement articles in the General Provisions for Texas Department of Health Grant Contracts (see **APPENDIX B: Sample General Provisions, Texas Department of Health Contracts**, 2001 version of COMPONENT I).

If an applicant plans to enter into a contract which delegates a substantial portion of the scope of the project i.e., \$25,000 or 25% of the applicant's funding request whichever is greater, the applicant must submit justification to TDH and receive prior written approval from TDH before entering into the contract.

INSTRUCTIONS: The CONTRACTUAL Budget Category Detail Form requires the part and topic numbers (i.e., 2.1), names of the individuals or organizations performing the services, a description of the services being contracted, the number of hours or units of service to be purchased, the method of reimbursement (cost reimbursement or unit cost), unit cost if applicable and total amount of each subcontract. Justification should include why applicant intends to contract for the service, why the service is necessary to perform the scope of work and how the applicant will ensure that the cost of the service is reasonable.

Justification for contracts that delegate a substantial portion of the scope of the project i.e., \$25,000 or 25% of the applicant's funding request whichever is greater, must be attached behind the CONTRACTUAL Budget Category Detail Form.

G. CONSTRUCTION - TDH does not fund construction projects.

H. OTHER

DEFINITION: All other allowable direct costs not listed in any of the above categories are to be included in this category. Some of the major costs that should be budgeted in this category are:

- * contracts for administrative services or non-medical services;
- * space and equipment rental;
- * utilities and telephone expenses;
- * data processing services;
- * printing and reproduction expenses;
- * postage and shipping;
- * contract clerical or other personnel services;
- * janitorial services;
- * exterminating services;
- * security services;
- * insurance and bonds;
- * equipment repairs or service maintenance agreements;
- * books, periodicals, pamphlets, and memberships;
- * advertising;
- * registration fees;
- * patient transportation;
- * training costs, speakers fees and stipends.

APPENDIX B: DETAILED BUDGET CATEGORY FORMS

Definition of Cost Categories, Instructions continued

INSTRUCTIONS: The OTHER Budget Category Detail Form requires the part and topic numbers (i.e., 2.1), a general description of the service, and the cost. The justification should include an explanation of the purpose of the service and how it is necessary for the completion of the activity. The justification should also include a statement of when services will be utilized if other than the full RFP budget period.

I. TOTAL DIRECT CHARGES

The amount to be entered on row I Total Direct Costs, of the BUDGET SUMMARY form, is the sum of all direct cost categories (A through H).

J. INDIRECT COSTS

DEFINITION: Those costs related to the project that are not included in direct costs. Indirect costs are those costs incurred for a common or joint purpose benefiting more than one cost objective and not readily identified with a particular cost center and which may be paid if allowable under the funding source, e.g., depreciation and use allowances, interest, operation and maintenance expenses (janitorial and utility services, repairs and normal alterations of buildings, furniture, equipment, care of grounds, security), general administration and general expenses (central offices such as director, office of finance, business services, budget and planning, personnel, general counsel, safety and risk management, management information services).

The applicant may negotiate an indirect cost rate with its federal cognizant agency or state coordinating agency. If there is no assigned agency, TDH's Contract Policy and Monitoring Division (CPM) may provide guidance on how to have an agency assigned or TDH's CPM may review the applicant's cost allocation plan and negotiate an approved indirect cost rate. The TDH CPM will maintain a listing of agencies and their approved rates. To obtain information about cognizant agencies or negotiating an indirect cost rate, contact the TDH CPM at (512) 458-7520.

If the applicant does not have an approved indirect cost rate and does not intend to negotiate one, then funds may be budgeted in accordance with Uniform Grant Management Standards (UGMS) which reads as follows:

"In lieu of determining the actual indirect costs of the service for which a state award is made, a grantee may recover up to 10 percent of the direct salary and wage costs of providing the service (excluding overtime, shift premiums, and fringe benefits) as indirect costs, subject to adequate documentation [of direct salary and wage costs]. Applicants choosing this method of indirect cost recovery are prohibited from seeking recovery using a cost allocation plan, rate or other methods for the same period."

INSTRUCTIONS: Applicant should indicate the indirect cost rate (if applicable) on the BUDGET SUMMARY page and mark the box which contains the appropriate statement regarding the support for the indirect charge. If applicant attaches a copy of the most recently approved indirect cost rate, it should be placed behind the OTHER Budget Category Detail Form. If applicant has marked the box "Uniform Grants Management Standards", then an INDIRECT COST Budget Category Detail Form should be completed. The form requires a description of each type of costs and a justification. The justification should include an explanation of the purpose of the services and how it is necessary for the completion of the activity.

K. TOTAL

The amount to be entered on row K Total, of the BUDGET SUMMARY form, is the sum of Total Direct Costs and Indirect Costs (I + J).

APPENDIX B: DETAILED BUDGET CATEGORY FORMS

Definition of Cost Categories, Instructions continued

L. PROGRAM INCOME

DEFINITION: Program income is the income resulting from fees or charges made by a contractor in connection with activities supported in whole or in part by a federal/state contract. Program income earned as a result of an effort which is jointly funded by TDH and the contractor is to be shared by TDH and the contractor. A program income allocation plan is the means by which TDH's share is determined. The required formula for a plan is as follows:

(TDH's Share of Funding/TDH's Share of Funding + Contractors Share of Funding) x Total Program Income Collected = TDH's Share of Program Income

Contractor shall disburse program income rebates, refunds, contract settlements, audit recoveries and interest earned on such funds before requesting cash payments including advance payments from TDH.

For more information about program income, refer to the Program Income Article in the General Provisions Contracts and/or request a copy of TDH's Financial Administrative Procedures Manual on the Internet at www.tdh.state.tx.us/grants/forms_and_documents.htm.

INSTRUCTIONS:

Projected Earnings. Applicant must enter on the BUDGET SUMMARY form the estimated amount of program income that is expected to be generated during the budget period.

Examples Of Program Income

- *fees received for personal services performed in connection with and during the period of contract support;*
- *tuition and fees when the course of instruction is developed, sponsored, and supported by the applicable contract from state or federal sources;*
- *sale of services such as laboratory tests or computer time;*
- *payments received from patients or third parties for medical or hospital service, such as Title XIX or Title XX reimbursements, insurance payments, or patient fees. These payments may be made under either a cost reimbursement or a fixed price agreement;*
- *lease or rental of films or video tapes; and*
- *rights or royalty payments resulting from patents or copyrights developed or acquired by the contractor.*

M. TOTAL

The amount to be entered on row M Total, of each BUDGET SUMMARY form, is the sum of TOTAL requested and Program Income (K + L).